

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10783347

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9		1				
10		2				
11						
12		1				
13	1					
14	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						